

# FARMERS MARKET AND LOCAL FOOD PROMOTION PROGRAM

## 2019 PROJECT NARRATIVE FORM AND INSTRUCTIONS

This form is mandatory. Thoroughly review the applicable Farmers Market Promotion Program (FMPP) or Local Food Promotion Program (LFPP) Request for Applications (RFA) before completing this form. This form must be converted to PDF and attached to the application package within Grants.gov using the "Add Attachments" button under SF-424 item #15.

### 1. Applicant Organization

Must match box 8 of the SF-424.

Name:

Email:

Phone:

Fax:

Mailing Address:

### 2. Authorized Organization Representative (AOR)

This person will be the main contact for any correspondence and is responsible for signing any documentation should the grant be awarded. Must match box 21 of the SF-424.

Name:

Email:

Phone:

Fax:

Mailing Address: ☐ Check if same as above

### 3. Applicant Entity Type

Select each applicable entity type as defined in Section 3.1 of the RFA. If your organization is a State Agency Regional Farmers Market Authority, you must provide the regulatory statute(s) that identify your agency as that entity type.

☐ Agricultural Business or Cooperatives

☐ Community Supported Agriculture (CSA) Network or Association

☐ Economic Development Corporation

☐ Food Council

☐ Local Government

☐ Nonprofit Corporation

☐ Producer Network or Association

☐ Public Benefit Corporation

☐ Regional Farmers Market Authority

☐ State Agency Regional Farmers Market Authority (Indicate Regulation Below):

☐ Tribal Government

☐ Other (Specify Below):

#### 4. Project Activity Category

Identify all the activity categories that fit your project.

- |   |  |
|---|--|
| <input type="checkbox"/> Aggregation                      | <input type="checkbox"/> Production Diversification /Expansion |
| <input type="checkbox"/> Agritourism                      | <input type="checkbox"/> Organic                               |
| <input type="checkbox"/> Farm to Institution              | <input type="checkbox"/> On-Farm Food Waste                    |
| <input type="checkbox"/> Farmer Recruitment and Retention | <input type="checkbox"/> Season Extension                      |
| <input type="checkbox"/> Food Safety                      | <input type="checkbox"/> Training and Education                |
| <input type="checkbox"/> Infrastructure                   | <input type="checkbox"/> Transportation and Distribution       |
| <input type="checkbox"/> Marketing and Promotion          | <input type="checkbox"/> Value-added Production                |
| <input type="checkbox"/> Processing                       | <input type="checkbox"/> Other (specify below):                |
- 

#### 5. Project Title (Must match box 15 of the SF-424.):

#### 6. Grant Application Project Type (Described in Section 1.3 of the RFA)

##### FMPP:

- ☐ Capacity Building (CB)
- ☐ Community Development Training and Technical Assistance (CTA)

##### LFPP:

- ☐ Planning
- ☐ Implementation

#### 7. Requested FMLFPP Funds

Insert the total amount (\$) of Federal funds requested. This must match the total amount requested on Line 18a. Estimated Federal Funding of the SF-424.

\$

#### 8. Matching Funds

Applicant must provide a 25% match on the total Federal portion of the grant. This must match the total amount requested on Line 18b Applicant Funding of the SF-424. See Section 3.4 of the RFA for more information.

\$

#### 9. Does the proposal address a Priority Area as described in Section 1.4 of the RFA?

See instructions on how to determine priority eligibility at Qualifying for Priority Consideration at the end of this form.

☐ Yes ☐ No

#### 10. Project Implementation Physical Address

Enter up to three addresses where this project will be implemented. If you are requesting consideration as a priority area, enter the [Food Access Research Atlas](#) Low Income/Low Access (LI/LA) Census Tract number. For detailed instructions, see [Qualifying for Priority Consideration](#) at the end of this form.

#	Address	LI/LA	LI/LA Census Tract # (if applicable)
1			
2			
3			

## EXECUTIVE SUMMARY

*In 250 words or less, describe the project's need, purpose, goals, and expected outcomes.*

## ALIGNMENT AND INTENT

Describe the specific issue, problem, or need that the project will address in relation to the Statutory Language found in the RFA in Section 1. Answering this question should clearly justify the project's objectives and approach, and not just provide the associated statistics. You must articulate the reason behind the selected local or regional food system development effort.

List Objectives for this project.

*The objectives must be related to addressing the issue(s), problem(s), or need(s) mentioned above and related to the project's approach and work plan. Add objectives as necessary.*

- Objective 1:
- Objective 2:
- Objective 3:

Who are the intended beneficiaries of this project and how many are there? How does the project specifically benefit farm and ranch operations serving local markets?

What are the expected short-and long-term impacts to the beneficiaries of this project?

*Specifically, the project should focus on the benefits to farm and ranch operations serving local markets.*

## TECHNICAL MERIT

### Work Plan

*Describe the activities and timeline associated with each project objective mentioned in the Alignment and Intent section. Include the following information:*

*A timeline for each planned activity and major output including the anticipated date of completion; how and where the activities will take place; required resources; milestone(s) for assessing progress and success; who is responsible for completing the activity, including collaborative arrangements or subcontractors; if conducting training and technical assistance, how participants will be recruited and how you will help guide program development and delivery.*

<b>Objective</b> <i>Include the objective this activity will be tied to</i>	<b>List and describe each planned activity:</b> <i>Include the scope of work and how it relates to the project objectives</i>	<b>Anticipated Completion Date:</b>	<b>Required Resources:</b> <i>For completion of each activity</i>	<b>Milestones:</b> <i>For assessing progress and success of each activity</i>	<b>Who will do the work?</b> <i>Include collaborative arrangements or subcontractors</i>
	Sample Activity 1	October 2019	Hire contractor  Refrigerator equipment	Milestone 1: Complete XX assessment  Milestone 2: Initiate XX equipment purchases	ABC Best Contracting Service  XYZ Company's Executive Director

Have you received a past FMPP or LFPP grant award?

☐ Yes

☐ No

Have you submitted this project to another Federal grant program?

☐ Yes

☐ No

*If yes to either of the above questions, provide the information below. Provide AMS agreement number for grants received in the past 5 years. Describe how the project is/was different from previous grants or how it supplements the proposed activities; and the results of the current project (if applicable). Include lessons learned, what can be improved, and how these lessons and improvements will be incorporated into this application to effectively and successfully meet program goals.*

<b>Grant Award</b>		
<b>Year</b>	<b>Program Name, Type of Grant (if applicable) and/or AMS Grant Agreement (if applicable)</b>	<b>Description</b>

## ACHIEVABILITY

*This section includes the outcome indicator evaluation plan.*

### Outcome Indicators

*Complete all applicable project Outcomes and Indicators with baseline and/or estimated realistic target numbers. If an outcome indicator does not apply, check N/A (Not Applicable) and briefly explain below the table why it is not applicable.*

**Outcome 1: To Increase Consumption of and Access to Locally and Regionally Produced Agricultural Products.**

Indicator	Description	Estimated Number	N/A
<b>1.a.</b>	Total <u>number</u> of project beneficiaries/stakeholders reached		<input type="checkbox"/>
<b>1.b.</b>	Of the total number that were reached, the <u>number</u> that reported buying, selling, aggregating, storing, producing, and/or distributing locally or regionally produced agriculture products		<input type="checkbox"/>
<b>1.c.</b>	Of the total number that were reached, the <u>number</u> that gained knowledge on how to access, produce, prepare, and/or preserve locally and regionally produced agricultural products		<input type="checkbox"/>

**Outcome 2: To Increase Customers and Sales of Local and Regional Agricultural Products.**

*For projects that do not already have a baseline of sales in dollars or an initial customer count, one of the objectives of the project must be to determine such a baseline to meet the requirement and to document the value of sales increases or percent change in customer count by the end of the project.*

Indicator	Description	Estimated Number	N/A
<b>2.a.</b>	<b>Sales increased as a result of marketing and/or promotion activities during the project performance period.</b>		
	Initial (Original) Sales Amount (in dollars)	\$	<input type="checkbox"/>
	Estimated Final (Resulted) Sales Amount (in dollars)	\$	<input type="checkbox"/>
	Percent Change $((n \text{ final} - n \text{ initial}) / (n \text{ initial}) * 100 = \% \text{ change})$	%	<input type="checkbox"/>
<b>2.b.</b>	<b>Customer counts increased during the project performance period.</b>		
	Initial (Original) Customer Count		<input type="checkbox"/>
	Estimated Final (Resulted) Customer Count		<input type="checkbox"/>
	Percent Change $((n \text{ final} - n \text{ initial}) / (n \text{ initial}) * 100 = \% \text{ change})$	%	<input type="checkbox"/>

**Outcome 3: To Develop New Market Opportunities for Farm and Ranch Operations Serving Local Markets.** *Please provide estimated target numbers.*

Indicator	Description	Estimated Number	N/A
<b>Number of new and/or existing delivery systems/access points reached that expanded and/or improved locally or regionally produced product or service offerings</b>			
<b>3.a.</b>	Number of Farmers Markets		<input type="checkbox"/>
<b>3.b.</b>	Number of Roadside Stands		<input type="checkbox"/>
<b>3.c.</b>	Number of Community Supported Agriculture Programs		<input type="checkbox"/>
<b>3.d.</b>	Number of Agritourism activities		<input type="checkbox"/>
<b>3.e.</b>	Number of other direct producer-to-consumer market opportunities		<input type="checkbox"/>
<b>3.f.</b>	Number of local and regional Food Business Enterprises that process, aggregate, distribute, or store locally and regionally produced agricultural products		<input type="checkbox"/>
<b>Of the local and regional farmers and ranchers, processors, aggregators, and/or distributors reached, the:</b>			
<b>3.g.</b>	Number that reported an increase in revenue expressed in dollars		<input type="checkbox"/>

Indicator	Description	Estimated Number	N/A
3.h.	Number that gained knowledge about new market opportunities through technical assistance and education programs		<input type="checkbox"/>

Number of careers, jobs, farmers that went into production			
3.i.	Number of New careers created (Difference between "jobs" and "careers": jobs are net gain of paid employment; new businesses created or adopted can indicate new careers)		<input type="checkbox"/>
3.j.	Number of Jobs maintained/created		<input type="checkbox"/>
3.k.	Number of New beginning farmers who went into local/regional food production		<input type="checkbox"/>
3.l.	Number of Socially disadvantaged <sup>1</sup> famers who went into local/regional food production		<input type="checkbox"/>

**Outcome 4: To Improve the Food Safety of Locally and Regionally Produced Agricultural Products.**

Indicator	Description	Estimated Number	N/A
4.a.	Number of individuals who learned about prevention, detection, control, and intervention food safety practices		<input type="checkbox"/>
4.b.	Number of those individuals who reported increasing their food safety skills and knowledge		<input type="checkbox"/>
4.c.	Number of growers or producers who obtained on-farm food safety certifications (such as Good Agricultural Practices or Good Handling Practices)		<input type="checkbox"/>

**Outcome 5: To Establish or Expand a Local and Regional Food Business Enterprise.**

*Applicable to projects conducting a needs assessment (i.e. planning projects).*

Indicator	Description	Estimated Number	N/A
5.a.	For projects developing a plan to establish or expand a local and regional food business enterprise and conducting a needs assessment: Number of unmet consumer needs, barriers to local foods, unserved populations, etc. identified through the use of a comprehensive need's assessment.		<input type="checkbox"/>
5.b.	Number of plans (business, economic, feasibility) developed based on a comprehensive needs assessment.		<input type="checkbox"/>

<sup>1</sup> **Socially Disadvantaged Farmer** is a farmer who is a member of a Socially Disadvantaged Group. A Socially Disadvantaged Group is a group whose members have been subject to discrimination on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program.

Indicator	Description	Estimated Number	N/A
5.c.	Amount of non-Federal financial, professional, and technical assistance measured in dollars secured as a result of the developed plan(s).	\$	<input type="checkbox"/>

### Outcome 6: (REQUIRED)

All applicants must identify at least one additional outcome and indicator based on relevant project activities not covered above.

#### Project Specific Outcome Indicator(s)

Indicator	Description	Estimated Number

### Outcome Indicator Measurement

For each completed outcome indicator, describe how you derived the numbers, how you intend to measure and achieve each relevant outcome and indicator, and any potential challenges to achieving the estimated targets and action steps for addressing them.

Outcome and Indicator # I.e., 3.i., 6.a., 6.b.	How did you derive the estimated numbers? I.e., documented background or baseline information, recent research and data, etc.	How and when do you intend to evaluate? I.e., surveys, 3rd party assessment	Anticipated key factors predicted to contribute to and restrict outcome Including action steps for addressing identified restricting factors

### Potential Adaptation of Project by Others

Discuss if and how this project can be adapted to other regions, communities, and/or agricultural systems.

### Dissemination of Project Results

Describe how you will disseminate project's results (positive and negative) to similar organizations, stakeholders, and others that may be interested in the project's results or implementing a similar project.

## EXPERTISE AND PARTNERS

### Key Staff (Applicant Personnel and External Partner/Collaborators)

List key staff, including applicant personnel and external project partners and collaborators (see section 3.2 in the RFA for definitions) that comprise the Project Team, their role, their relevant experience, and past successes in developing and operating projects similar to those to be conducted under this project. Applicant must include Letters of Commitment from Partner and Collaborator Organizations to support the information (see section 4.2.5 in the RFA).

Key Staff Name and Title	Role	Relevant Experience and Past Successes

<b>Key Staff</b> <i>Name and Title</i>	<b>Role</b>	<b>Relevant Experience and Past Successes</b>

## Project Management Plan

*Describe your management plan for coordination, communication, and data sharing and reporting among members of the Project Team and stakeholder groups, including both internal applicant personnel **and** external partners and collaborators.*

## Project Sustainability

*Describe how the project, and its partnerships and collaborations, will be sustained beyond the project's period of performance (without grant funds).*

## FISCAL PLAN AND RESOURCES

*Please complete the Budget and Justification below and ensure that you have included Critical Resources and Infrastructure letters to support the information (see section 4.2.8 in the RFA)*



## BUDGET AND JUSTIFICATION

*The budget must show the total cost for the project and describe how category costs listed in the budget are derived. The budget justification must provide enough detail for reviewers to easily understand how costs were determined and how they relate to the Project Objectives and Expected Outcomes. The budget must show a relationship between work planned and performed to the costs incurred.*

*Refer to RFA **Section 4.6.4 Allowable and Unallowable Costs and Activities** for more information on allowable and unallowable expenses.*

### Budget Summary

Expense Category	Federal Funds	Cost Share or Match Applicant and 3 <sup>rd</sup> Parties
Personnel		
Fringe Benefits		
Travel		
Equipment		
Supplies		
Contractual		
Other		
Direct Costs Subtotal		
Indirect Costs		
Total Budget (direct + indirect)		

## Personnel

List each person who has a substantive role in the project and the amount of the request and/ or the value of his or her match. Personnel costs should be reasonable for the services rendered, conform to the established written policy of your organization, and consistently applied to both Federal and non-Federal activities.

#	Name/Title and Justification for Requesting Funds	Level of Effort (# of hours OR % FTE)	Annual Salary Requested	Total Funds Requested	Match Value	Match Type
1			Year 1: \$ Year 2: \$ Year 3: \$	\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2			Year 1: \$ Year 2: \$ Year 3: \$	\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3			Year 1: \$ Year 2: \$ Year 3: \$	\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
<b>Personnel Subtotals</b>				\$	\$	

## Fringe Benefits

Provide the fringe benefit rates for each of the project's salaried employees listed above. The costs of fringe benefits should be reasonable and in line with established policies of your organization.

#	Name/Title	Fringe Benefit Rate	Funds Requested	Match Value	Match Type
1			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
<b>Fringe Benefits Subtotals</b>			\$	\$	

## Travel

Explain the purpose for each Trip Request. Please note that travel costs are limited to those allowed by formal organizational policy; in the case of air travel, project participants must use the lowest reasonable commercial airfares. For recipient organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the Federal Travel Regulations, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at <http://www.gsa.gov>.

Trip #	Trip Destination, Timing, and Justification for Requesting Funds	Type of Expense (airfare, car rental, hotel, meals, mileage, etc.)	Unit of Measure (days, nights, miles)	# of Units	Cost per Unit	Travelers Claiming Expense (#)	Funds Requested	Match Value	Match Type
1							\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2							\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3							\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
<b>Travel Subtotals</b>							\$	\$	

☐ By checking this box, I affirm that my organization's established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](#) or [48 CFR subpart 31.2](#), as applicable.

## Equipment

Describe any special purpose equipment to be purchased or rented under the grant. "Special purpose equipment" is tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds \$5,000 per unit and is used only for research, medical, scientific, or other technical activities. Rental of "general purpose equipment" must also be described in this section. Purchase of general purpose equipment is not allowable under this grant.

Item #	Item Description and Justification for Requesting Funds	Rental or Purchase	Acquire When?	Funds Requested	Match Value	Match Type
1				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3				\$	\$	Cash: <input type="checkbox"/>

Item #	Item Description and Justification for Requesting Funds	Rental or Purchase	Acquire When?	Funds Requested	Match Value	Match Type
						In-Kind: <input type="checkbox"/>
<b>Equipment Subtotals</b>				\$	\$	

## Supplies

List the materials, supplies, and fabricated parts costing less than \$5,000 per unit and describe how they will support the purpose and goal of the proposal.

Item Description and Justification for Requesting Funds	Per-Unit Cost	# of Units/Pieces Purchased	Acquire When?	Funds Requested	Match Value	Match Type
				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
<b>Supplies Subtotal</b>				\$	\$	

## Contractual

The Contractual section includes contractual, consultant, and subaward agreements that are part of the completion of the project. A subaward is an award provided by the non – federal entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the non-federal entity. Contractual/consultant costs are expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant or subaward, each must be described separately. (List each contract/consultant/subaward separately.)

Type	Name/Organization and Justification for Requesting Funds	Hourly / Flat Rate	Funds Requested	Match Value	Match Type
<b>1</b> <input type="checkbox"/> Contract <input type="checkbox"/> Subaward			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
<b>2</b> <input type="checkbox"/> Contract <input type="checkbox"/> Subaward			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

Type	Name/Organization and Justification for Requesting Funds	Hourly / Flat Rate	Funds Requested	Match Value	Match Type
<b>3</b> <input type="checkbox"/> Contract <input type="checkbox"/> Subaward			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
<b>Contractual Subtotal</b>			\$	\$	

☐ By checking this box, I affirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable State and local laws and regulations and conform to the Federal laws and standards identified in [2 CFR §200.317 through §200.326](#), as applicable. If the contractor(s)/consultant(s) is/are not already selected, I affirm that my organization will follow the same requirements.

## Other

*Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.*

Item Description and Justification for Requesting Funds	Per-Unit Cost	# of Units/Pieces Purchased	Acquire When?	Funds Requested	Match Value	Match Type
				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
<b>Other Subtotal</b>				\$	\$	

## Indirect

*Indirect costs (also known as “facilities and administrative costs”—defined at [2 CFR §200.56](#)) represent the expenses of doing business that are not readily identified with a particular grant, contract, or project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. For the indirect cost formula and additional information, refer to Section 4.6.1 of the RFA.*

Indirect Cost Rate Requested (%)	Funds Requested	Match Value	Match Type
	\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

## Program Income

*Program income is gross income—earned by a recipient or subrecipient under a grant—directly generated by the grant-supported activity or earned only because of the grant agreement during the grant period of performance. Program income includes, but is not limited to, income from fees for services performed; the sale of commodities or items fabricated under an award (this includes items sold at cost if the cost of producing the item was funded in whole or partially with grant funds); registration fees for conferences, etc.*

Source/Nature of Program Income	Description of how you will reinvest the program income	Funds Expected
		\$
		\$
		\$
<b>Program Income Total</b>		<b>\$</b>

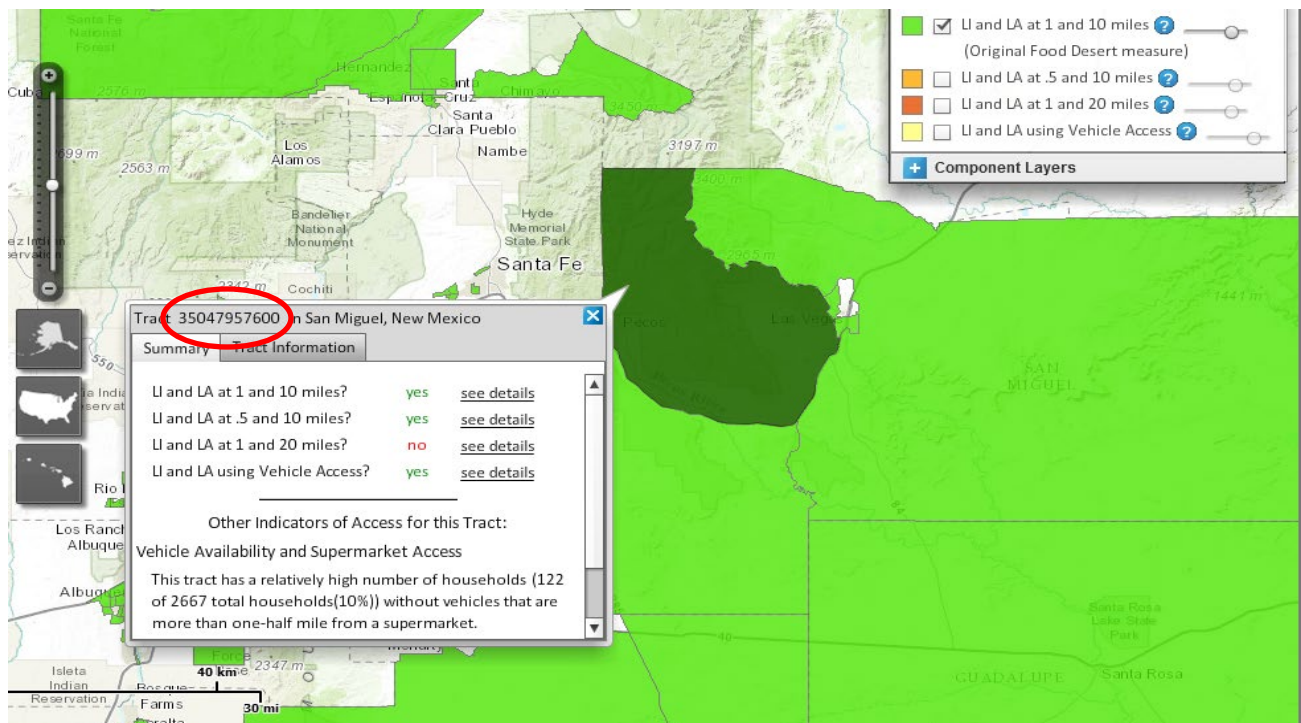
# QUALIFYING FOR PRIORITY CONSIDERATION

Food Access Research Atlas (Atlas) <http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx>

Once you enter the Atlas, check one of the four the map layer(s) that applies to the proposal's targeted community.



Zoom in on the map to identify your community. Clicking on your targeted area will produce the census tract and additional information about the locale. In the example below, the dark green area qualifies as low income and low access, and the census tract would be 35047957600.



Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the collection of information requirements contained in this notice have been approved under OMB Document No. 0581-0240.

## USDA'S NONDISCRIMINATION STATEMENT (EFFECTIVE 2015)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

[On Letterhead of Organization Providing the Critical Resource or Infrastructure]

## EVIDENCE OF CRITICAL RESOURCES AND INFRASTRUCTURE

[Name of Applicant's Authorized Organization Representative/Project Director]

[Applicant Organization]

[City, State]

Date: [Enter date]

Dear [Applicant's Project Director]:

We [include a statement about committing/approving/granting permission, etc. of the critical resource or infrastructure] to the 20XX [LFPP/FMPP Project Title], for the time period of [include dates of commitment within proposed project period] in the following way:

[Describe the approved use of the critical resource or infrastructure approved for the project, any costs associated with its use, and any qualifying circumstances for its use.]

☐ By checking this box, I confirm that the critical resource(s) and infrastructure<sup>1</sup> listed above are in place and usable for the start-up, implementation and completion of the proposed project activities. If requested by AMS, I will submit supporting documentation (e.g. copy of lease agreement, licenses, permits, picture(s) of facilities, etc.) as evidence.

Sincerely,

[Signature of Partnering Organization's Authorized Representative (AR)]

Printed Name of AR

AR's Title (e.g., Executive Director)

Address and telephone number if that information is not already on the letterhead

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<sup>1</sup> Critical resources and infrastructure can be facilities, land, structure, use of city street/parks, shared-used kitchen, and/or other resources that are essential for the proposed project activities.



[On Letterhead of Partnering Organization]

PARTNER ORGANIZATION LETTER

[Name of Authorized Organizational Representative /Applicant]

[Applicant Organization]

[City, State]

Dear [Project Director]:

[Optional short introduction describing partnering organization's mission and how its applicable to the proposed project.]

We commit to participating in and supporting the [Current Year] [Project Title], for the period of [include dates of commitment within proposed project period] in the following way(s):

- Person 1 will ... (describe role: what the person will do, time commitment)
- Person 2 will ... (describe role: what the person will do, time commitment)

The individuals and our organization agree to abide by the management plan contained in the application.

Sincerely,

[Signature of Partnering Organization's Authorized Representative (AR)]

Printed Name of AR

AR's Title (e.g., Executive Director)

Address and telephone number if that information is not already on the letterhead

[Use Letterhead of Organization Providing the Match]

## MATCH VERIFICATION LETTER

[Application Authorized Organizational Representative]

[Applicant Organization Address]

Dear [Application Authorized Organizational Representative]:

We commit to providing the following matching funds to the [Current Year] [Grant Program] application: [Project title]

1. Cash in the total amount of \$XXX, which we will provide during the grant period September 30, [insert year begins] through September 29, [insert year project will terminate].
  - a. Funds will be used for [provide particular item(s) corresponding to the budget narrative or describe how the applicant will otherwise use the funds].
  - b. We will provide the following amounts per year:

Year:	Amount:
Year 1	\$
Year 2	\$
Year 3*	\$

\* Applicable depending on the program.

2. In-kind contributions in the total amount of \$XXX, will be contributed as follows:
  - a. Salaries and wages of staff time for the following employees:

Employee Name (add additional lines as needed)	Title	Description of Duties	Base Rate (\$)/hr or % FTE	Year 1: # of Hours or \$ equivalent	Year 2: # of Hours or \$ equivalent	Year 3*: # of Hours or \$ equivalent

\*Applicable depending on the program.

- b. The following items/activities with a total fair market value of \$XXX:

Item/Activity (add additional lines as needed)	Fair Market Value per Unit:	How Fair Market Value Determined (must provide documentation):	Amount Donated Year 1:	Amount Donated Year 2:	Amount Donated Year 3*:
	\$		\$	\$	\$
	\$		\$	\$	\$
	\$		\$	\$	\$
	\$		\$	\$	\$

\* Applicable depending on the program.

Sincerely,

[Signature of Matching Organization Representative]

[Printed Name of Matching Organization Representative]

[Title]

[Email, address and phone number if not already included on letterhead.]

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0240. The time required to complete this information collection is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

*USDA is an equal opportunity provider, employer, and lender.*